

Travel Insurance Waiver

Customer Name:	
Booking Reference:	
Departure Date:	mm/dd/yyyy

Customer to complete

I understand that by not purchasing travel insurance as offered to me and others on the Booking, I and/or others on the Booking may be exposed to financial losses, including but not limited to:

- the cost of my trip if I must cancel,
- the unknown costs of trip interruption and travel delay,
- additional single supplement cost if my travelling companion cancels and I choose to travel,
- out of province medical care expenses.

I have declined travel insurance coverage for the following:

Trip cancellation & trip interruption	Flight & travel accident
Emergency medical	Rental vehicle damage
Baggage loss, damage & delay	

By entering my initials in this box and/or signing this Travel Insurance Waiver and entering the date, I confirm that neither I nor any others on the Booking can hold my travel agent/agency responsible for any expenses incurred because of my choice and the choice of the others on the Booking NOT TO purchase travel insurance.

Client Signature

Date mm/dd/yyyy

Travel Agent / Travel Consultant to complete this section

I understand that as a travel agent / travel consultant, I am not permitted to complete the above Customer Section on behalf of the customer or any others on the Booking.

Travel Agent/Travel Consultant

Travel Agent/Travel Consultant e-mail address

Today's Date (mm/dd/yyyy)

Travel Agent/Travel Consultant phone number